



Data Exchange Readiness Assessment Form



DATE FORM COMPLETED: / /

SECTION 1 – PROVIDER INFORMATION

1.1 PRACTICE NAME 1.2 PRACTICE VFC PIN NUMBER 1.3 PHYSICAL ADDRESS

1.4 CITY 1.5 CONTACT PHONE 1.6 CONTACT FAX

1.7 THIS PRACTICE IS:
a. PRIVATELY OWNED AND OPERATED b. OWNED AND OPERATED BY ANOTHER ORGANIZATION c. PHYSICIANS ARE EMPLOYEES OF OWNED PRACTICE d. OTHER (specify)

IF b. or c. were selected, specify the organization:

1.8 OFFICE MANAGER INFORMATION
a. NAME: b. PHONE NUMBER: c. EMAIL:

1.9 CLINICAL MANAGER / LEAD VACCINE CLINICIAN
a. NAME: b. PHONE NUMBER: c. EMAIL:

1.10 VACCINE AGREEMENT SIGNING PHYSICIAN
a. NAME: b. PHONE NUMBER: c. EMAIL:

SECTION 2 – INFORMATION SYSTEM DETAILS

Provider's software for data exchange with ImmPact2:

2.1 EMR / EHR VENDOR
a. VENDOR NAME b. SOFTWARE NAME c. VERSION NUMBER

2.2 TYPE OF SOFTWARE USED (Check all that apply):
 EMR / EHR BILLING / SCHEDULING BILLING REGIONAL HEALTH INFORMATION SYSTEM
LENGTH OF TIME PROVIDER HAS BEEN USING THIS SOFTWARE INDICATED ABOVE (months and years)

LENGTH OF TIME PROVIDER HAS ENTERED IMMUNIZATION DATA INTO SOFTWARE INDICATED ABOVE (months and years)

DOES THIS SOFTWARE CONTAIN HISTORICAL IMMUNIZATION DATA? NO YES
IF NO, WHERE DOES HISTORICAL DATA RESIDE? ImmPact2 BILLING OTHER (specify)

IF YES, HOW WAS IT POPULATED? (Check all that apply)
 ENTERED AS PATIENTS CAME IN FOR VISITS MIGRATED FROM ANOTHER SYSTEM SCANNED IN

ESTIMATE HOW MANY PATIENTS (ALL AGES) WITH IMMUNIZATION DATA ARE CURRENTLY IN THIS SOFTWARE:

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SECTION 3 – PLANNED SYSTEM CHANGE

3.1 PRACTICE PLANS TO MOVE TO ANOTHER SYSTEM WITHIN THE NEXT:

- a. 6 MONTHS b. 12 MONTHS c. 24 MONTHS

3.2 MOVE PLANNED IS:

- a. FROM CURRENT BILLING / SCHEDULING SYSTEM TO ANOTHER BILLING / SCHEDULING SYSTEM b. ADD ELECTRONIC MEDICAL RECORD SYSTEM c. FROM CURRENT EMR TO ANOTHER EMR

SECTION 4 – PREFERRED METHOD OF DATA EXCHANGE

4.1 MY PREFERRED METHOD TO EXCHANGE IMMUNIZATION DATA WITH ImmPact2:

- a. ONE WAY TO ImmPact2 b. ONE WAY FROM ImmPact2 c. BIDIRECTIONAL (SEND DATA TO ImmPact2 AND RECEIVE DATA CONTAINED IN ImmPact2 THAT I DON'T YET HAVE)

4.2 IMMUNIZATION DATA FOR EXCHANGE WITH ImmPact2 WILL COME FROM:

- CURRENT SOFTWARE IN USE ONLY CURRENT SOFTWARE AND SYSTEM WHERE HISTORICAL DATA RESIDES

4.3 TYPE OF DATA EXCHANGE:

- HL7 REAL TIME HL7 BATCH FLAT TEXT

SECTION 5 – VENDOR INFORMATION

5.1 WHO SUPPORTS YOUR SOFTWARE?

- a. VENDOR b. LOCAL CONTRACTED SERVICE c. ORGANIZATION THAT OWNS / MANAGES PRACTICE

5.2 VENDOR'S REPRESENTATIVE

- a. NAME: b. PHONE: / / c. EMAIL:

5.3 PROVIDER'S TECHNICAL LEADER (Onsite):

- a. NAME: b. PHONE: / / c. EMAIL:

5.4 PROVIDER'S TECHNICAL LEADER (Offsite – if applicable):

- a. NAME: b. PHONE: / / c. EMAIL:

5.5 WHO IS RESPONSIBLE FOR KEEPING VACCINE CODES (CPT, CVX, NDC) UPDATED FOR YOUR SOFTWARE?

- a. VENDOR REGULAR RELEASES b. PROVIDER REQUESTS CODE CHANGES FROM THE VENDOR c. DON'T KNOW

5.6 PROVIDER COLLECTS THE FOLLOWING INFORMATION IN THE SOFTWARE (Check all that apply)

- a. HOW PATIENT QUALIFIES FOR VFC b. VACCINE MANUFACTURER NAME c. OPT IN / OPT OUT OF REGISTRY
d. VACCINE LOT NUMBER e. VACCINE EXPIRATION DATE f. HISTORY OF DISEASE

5.7 IF HISTORY OF DISEASE IS CAPTURED, WHERE DOES IT APPEAR?

- a. IN THE IMMUNIZATION MODULE b. ELSEWHERE IN THE EMR / EHR

5.8 PROVIDER'S INFORMATION RESIDES:

- a. IN A LOCAL SERVER b. OFFSITE IF OFFSITE, WHERE?

IMPACT2 USE ONLY

PROVIDER IS: CURRENTLY ENTERING DATA INTO IMPACT2 NEW TO IMPACT2 WITH THIS EXCHANGE

SIGNATURE OF IMPACT2 MANAGER:

DATE:

/ /

SIGNATURE OF IMPACT2 TECHNICAL MANAGER:

DATE:

/ /